

# CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

## COMMITTEE IDENTIFICATION

Name of Committee: Cheryl Berkner for Register of Deeds  
 Street Address: 842 Redwood Dr  
 City, State and Zip Code: Green Bay WI 54304



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☒

## NAME OF REPORT

☒ January Continuing 2017 ☐ Pre-Primary \_\_\_\_\_  
☐ July Continuing \_\_\_\_\_ ☐ Spring ☐ Fall ☐ Special  
☐ September Continuing \_\_\_\_\_ ☐ Pre-Election \_\_\_\_\_ ☐ Termination Report  
 also complete Schedule 4

## SUMMARY OF RECEIPTS AND DISBURSEMENTS

### RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 250.00	\$ 4760.00
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —
1C. Other Income and Commercial Loans	\$ —	\$ —
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 250.00	\$ 4760.00

### DISBURSEMENTS

2A. Gross Expenditures	\$ 708.94	\$ 3922.31
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 708.94	\$ 3922.31

## CASH SUMMARY

Cash Balance Beginning of Report	\$ 1296.60
Total Receipts	\$ 250.00
Subtotal	\$ 1546.60
Total Disbursements	\$ 708.94
<b>CASH BALANCE END OF REPORT</b>	\$ 837.66
<b>INCURRED OBLIGATIONS</b>	
Balance at the Close of This Period-3A)	\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer Cheryl Berkner	Signature of Candidate or Treasurer Cheryl Berkner	Date: 1-12-17
	Email	Daytime Phone: 920-471-9110

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

**SCHEDULE 2-A**
**DISBURSEMENTS**  
 Gross Expenditures

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

Cheryl Berken

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
11/1	Rock Garden 1951 Bond St. Green Bay WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	LUNCHEON	36.00
11/8	D2 Sports Pub 788 Armed Forces Dr Green Bay WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	Election Party	434.92
12/23	El Satape 2615 S. Oneida St. Green Bay WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	SWEATING IN LUNCH	238.02
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 708.94

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES

\$

TOTAL EXPENDITURES

\$ 708.94

**SCHEDULE 1-A**
**RECEIPTS**
**Contributions (Including Loans) From Individuals**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

*Cheryl Borkien for Register of Deeds*

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
10/31/16	Peter C McCarthy 4181 Nicolet Dr Green Bay WI 53111	Director of Technical Service MSD	250.00	250.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$

250.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

250.00

\*\*\*End of Report\*\*\*

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**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment:

☒ Yes

☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

Cheryl Berken for Register of Deeds

Street Address

PO Box 154

City, State and Zip Code

Green Bay WI 54305



OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☐ January Continuing

☐ Pre-Primary

☐ July Continuing

☐ Spring

☒ Fall

☐ Special

☐ September Continuing

☒ Pre-Election 2016

☐ Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

Column A  
This Period

Column B  
Calendar  
Year-To-Date

1A. Contributions (Including Loans) from Individuals

\$ 3845.00

\$ 4330.01

1B. Contributions from Committees (Transfers-In)

\$ —

\$ —

1C. Other Income and Commercial Loans

\$ —

\$ —

**TOTAL RECEIPTS** (Add totals from 1A, 1B and 1C)

\$ 3845.00

\$ 4330.01

**2. DISBURSEMENTS**

2A. Gross Expenditures

\$ 2983.41

\$ 3163.40

2B. Contributions to Committees (Transfers-Out)

\$ 50.00

\$ 50.00

**TOTAL DISBURSEMENTS** (Add totals from 2A and 2B)

\$ 3033.41

\$ 3213.40

**CASH SUMMARY**

Cash Balance Beginning of Report

\$ 485.01

Total Receipts

\$ 4510.00

Subtotal

\$ 4995.01

Total Disbursements

\$ 3213.40

**CASH BALANCE END OF REPORT**

\$ 1781.61

**INCURRED OBLIGATIONS**

(Balance at the Close of This Period-3A)

\$ —

**LOANS** (Balance at the Close of This Period-3B)

\$ —

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Cheryl Berken

Signature of Candidate or Treasurer

Cheryl Berken

Date:

10-29-16

Email

cherylberken@gmail.com

Daytime Phone:

920-471-9110

ed by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the ss. 11.1400, 11.1401, Wis. Stats.

accountability Board prescribes this form. Completed forms must be filed with your local clerk.

**\*\*\*End of Report\*\*\***

1.01



<b>Campaign Finance Report</b> Short Form ETHCF-2a	Ethics ID Number
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special    Pre-Primary _____	<input checked="" type="radio"/> Continuing Report due Jan. 15, <u>2017</u>
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special    Pre-Election _____	<input type="radio"/> Continuing Report due July 15, _____
	<input type="radio"/> Continuing Report due 4 <sup>th</sup> Tues Sept., _____

JAMIE A. Blom  
Name of Candidate or Committee (in full)  
2883 Hillcrest Ct, Green Bay, WI 54313  
Address  
920-265-1272  
Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate <u>Jamie Blom</u>	Date <u>1-16-17</u>	Email Address <u>jmeblom@hotmail.com</u>
--	------------------------	---

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |  
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://efis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

Short Form for use  
"No Activity" Reporting

\*\*\*End of Report\*\*\*



**Campaign Finance Report**Short Form EB-2a  
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☒ Continuing Report due Jan. 31, 2017  
☐ Spring ☐ Fall ☐ Special Pre-Election ☐ Continuing Report due July 20, \_\_\_\_\_

Name of Candidate or Committee (in full)

Buckley for Brown Co. Supervisor  
Address (number and street)  
3249 West Point Rd.  
City, State, Zip Green Bay, WI 54313

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)



**SHORT FORM – Use For “No  
Activity” Reporting Period**

**\*\*\*End of Report\*\*\***

Brown County

Campaign Finance Report Short Form ETHCF-2a		Ethics ID Number
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special	Pre-Primary _____	<input checked="" type="radio"/> Continuing Report due Jan. 15, <u>2017</u>
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special	Pre-Election _____	<input type="radio"/> Continuing Report due July 15, _____
		<input type="radio"/> Continuing Report due 4 <sup>th</sup> Tues Sept., _____
<u>Eisenheim for a Better Green Bay</u> Name of Candidate or Committee (in full)		
<u>843 Dousman Street / Green Bay, WI 54303</u> Address		
<u>(920) 430-8338</u> Daytime Phone		
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.		
<u>Erik Eisenheim</u> Signature of Committee Treasurer or Candidate	<u>1/16/17</u> Date	<u>erik.eisenheim@gmail.com</u> Email Address
ETHCF-2a   Rev 01/2016   Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984   Phone: 608-261-2028   Fax: 608-264-9319   Web: <a href="https://cfis.wi.gov">https://cfis.wi.gov</a>   Email: <a href="mailto:GABCFIS@wi.gov">GABCFIS@wi.gov</a>		

Short Form for use  
"No Activity" Reporting

\*\*\*End of Report\*\*\*



# CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

## COMMITTEE IDENTIFICATION

Name of Committee

*Friends of Patrick Evans*

Street Address

*378 South Dixon*

City, State and Zip Code

*Green Bay, WI 54303-3307*



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

## NAME OF REPORT

- ☒ January Continuing 2017
☐ Pre-Primary \_\_\_\_\_
 ☐ Spring
 ☐ Fall
 ☐ Special
 ☐ Termination Report also complete Schedule 4
- ☐ July Continuing \_\_\_\_\_
 ☐ Pre-Election \_\_\_\_\_
- ☐ September Continuing \_\_\_\_\_

## SUMMARY OF RECEIPTS AND DISBURSEMENTS

### 1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ -0-	\$ -0-
1B. Contributions from Committees (Transfers-In)	\$ -0-	\$ -0-
1C. Other Income and Commercial Loans	\$ -0-	\$ -0-
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ -0-	\$ -0-

### 2. DISBURSEMENTS

2A. Gross Expenditures	\$ 15.00	\$ 33.00
2B. Contributions to Committees (Transfers-Out)	\$ -0-	\$ -0-
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 15.00	\$ 33.00

## CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,587.06
Total Receipts	\$ -0-
Subtotal	\$ 1,587.06
Total Disbursements	\$ 15.00
<b>CASH BALANCE END OF REPORT</b>	\$ 1,572.06
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ -0-
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 2,100.00

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: 1-3-17
JAY J. THIBRETT, MD TREASURER	<i>Jay J. Thibrett, MD</i>	
	Email jay.thibrett@att.net	Daytime Phone: 494-2205

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

ETHCF-2L (Rev. 01/16) The Government Accountability Board prescribes this form. Completed forms must be filed with your local clerk.

1012



# **SCHEDULE 2-A**

## **DISBURSEMENTS** Gross Expenditures

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

*Friends of Patrick Edwards*

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
8-1-12-31 2016	<i>Edward Jones</i> <i>3313 S North Point Dr SA 1</i> <i>Dorinda, WI 54115</i> Check if: <input type="checkbox"/> In-Kind Offset	<i>Museum (Belen Co)</i> <i>(HIBF)</i>	<i>15.00</i>
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ <i>15.00</i>
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES			\$
TOTAL EXPENDITURES			\$ <i>15.00</i>

**\*\*\*End of Report\*\*\***

*2 of 2*

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☐ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

Street Address

City, State and Zip Code

*GALT for Brown County*  
*1426 S. JACKSON*  
*GREEN BAY, WI 54301*



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☒ January Continuing *2017* ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special  
☐ July Continuing ☐ Pre-Election ☐ September Continuing

☒ Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ <i>18.48</i>	\$ <i>18.48</i>
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$	\$

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ <i>29.63</i>	\$ <i>29.63</i>

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ <i>11.15</i>
Total Receipts	\$ <i>18.48</i>
Subtotal	\$ <i>29.63</i>
Total Disbursements	\$ <i>29.63</i>
<b>CASH BALANCE END OF REPORT</b>	\$ <i>0.00</i>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ <i>0.00</i>
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ <i>0.00</i>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer <i>ALEX GALT</i>	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: <i>1/14/2017</i>
	Email <i>[Signature]</i>	Daytime Phone: <i>920 246-0199</i>

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

**SCHEDULE 1-A**
**RECEIPTS**  
**Contributions (Including Loans) From Individuals**

 Page 1 of 1

Complete Committee Name

GALT for BREWEN COUNTY

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
12/7/17	ALEX GALT 1426 S. JACKSON BREWEN, MO Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	ENTREPRENEUR	18.48	304.48
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

2014



# **SCHEDULE 2-B**

## **DISBURSEMENTS** Contributions To Committees (Transfers-Out)



Complete Committee Name

*Galt for Brown County*

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Committee Ethics ID Number	Amount	Y-T-D Total
1/14/17	<del>Gennich for Assembly</del> Friends of Eric Gennich Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		29.63	29.63
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE			\$	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES			\$	

3 of 4

**SCHEDULE 4****TERMINATION REQUEST**

Complete Committee Name

GALT for BROWN COUNTY

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

**DISPOSAL OF RESIDUAL FUNDS***THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.*

Date	Recipient	Amount
1/14/2017	Friends of Eric Genrich <del>Genrich for Assembly</del>	\$29.63

**LOAN OR DEBT FORGIVENESS***I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.*

Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Date

1/14/2017

4 of 4

**\*\*\*End of Report\*\*\***

<b>Campaign Finance Report</b> Short Form ETHCF-2a	Ethics ID Number
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☐ Spring ☐ Fall ☐ Special Pre-Primary ☒ Continuing Report due Jan. 15, 2017  
☐ Spring ☐ Fall ☐ Special Pre-Election ☐ Continuing Report due July 15, \_\_\_\_\_  
☐ Continuing Report due 4<sup>th</sup> Tues Sept, \_\_\_\_\_

FRIENDS OF JOHN GOSSAGE  
 Name of Candidate or Committee (in full)  
2430 EAST KINGS TERRACE G.B. NE 54311  
 Address  
(920) 448-4222  
 Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate <u>[Signature]</u>	Date <u>01/08/17</u>	Email Address <u>Gossage PR@pbrown.wi.us</u>
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ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |  
 Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://efis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

Short Form for use  
 "No Activity" Reporting

\*\*\*End of Report\*\*\*







Campaign Finance Report Short Form ETHCF-2a		Ethics ID Number
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special	Pre-Primary _____	<input checked="" type="radio"/> Continuing Report due Jan. 15, <u>17</u>
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special	Pre-Election _____	<input type="radio"/> Continuing Report due July 15, _____
		<input type="radio"/> Continuing Report due 4 <sup>th</sup> Tues Sept., _____
<u>Staush Gruszynski</u> "Friends of "		
Name of Candidate or Committee (in full)		
<u>1715 Decker Ave Green Bay WI 54302</u>		
Address		
<u>920-857-3425</u>		
Daytime Phone		
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.		
Signature of Committee Treasurer or Candidate	Date	Email Address
<u>[Signature]</u>	<u>1-13-17</u>	<u>Staush 4 District 5@gmail.com</u>
ETHCF-2a   Rev 01/2016   Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984   Phone: 608-261-2028   Fax: 608-264-9319   Web: <a href="https://efis.wi.gov">https://efis.wi.gov</a>   Email: <a href="mailto:GABCFIS@wi.gov">GABCFIS@wi.gov</a>		

Short Form for use  
"No Activity" Reporting

\*\*\*End of Report\*\*\*

<b>Campaign Finance Report</b> Short Form ETHCF-2a		Ethics ID Number
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special	Pre-Primary <input type="checkbox"/>	<input checked="" type="checkbox"/> Continuing Report due Jan. 15, <u>2017</u>
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special	Pre-Election <input type="checkbox"/>	<input type="checkbox"/> Continuing Report due July 15, _____
		<input type="checkbox"/> Continuing Report due 4 <sup>th</sup> Tues Sept., _____
Name of Candidate or Committee (in full) <u>Friends of Sandy Juno</u>		
Address <u>616 Dauphin St.</u>		
<u>Green Bay WI 54301</u>		
Daytime Phone _____		
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.		
Signature of Committee Treasurer or Candidate <u>Sandra L. Juno</u>	Date <u>1-3-17</u>	Email Address <u>junosandra@yahoo.com</u>

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |  
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://efis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

**\*\*\*End of Report\*\*\***





<b>Campaign Finance Report</b> Short Form ETHCF-2a	Ethics ID Number
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☐ Spring ☐ Fall ☐ Special Pre-Primary \_\_\_\_\_ ☐ Continuing Report due Jan. 15, X 2017

☐ Spring ☐ Fall ☐ Special Pre-Election \_\_\_\_\_ ☐ Continuing Report due July 15, \_\_\_\_\_

☐ Continuing Report due 4<sup>th</sup> Tues Sept., \_\_\_\_\_

Carol Kelso / Friends of Carol  
Name of Candidate or Committee (in full)

11320 W Creativity Dr, Fountain Hills, AZ 85268  
Address

Phone - 480 584 3678  
Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate	Date	Email Address
<u>Carol Kelso</u>	<u>2/1</u>	<u>TUFNTEDDY@cox.net</u>

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |  
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

**\*\*\*End of Report\*\*\***

**Short Form for use  
"No Activity" Reporting**



<b>Campaign Finance Report</b> Short Form EB-2a State Elections Board		
<input checked="" type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special         Pre-Primary _____	<input checked="" type="checkbox"/> Continuing Report due Jan. 31, _____	
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special         Pre-Election _____	<input type="checkbox"/> Continuing Report due July 20, _____	

Name of Candidate or Committee (in full) Thomas Lund

Address (number and street) 2091 Magx Lane

City, State, Zip Secomico WI 54313

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate	Date	Daytime Phone
<i>[Signature]</i>	1/19/17	920-592-2663

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)



**SHORT FORM – Use For “No Activity” Reporting Period**

**\*\*\*End of Report\*\*\***

# CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

## COMMITTEE IDENTIFICATION

Name of Committee

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Street Address

2444 BABCOCK ROAD

City, State and Zip Code

ASHWAUBENON, WI 54313



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

## NAME OF REPORT

- ☒ January Continuing 2017
☐ Pre-Primary \_\_\_\_\_
 ☐ Spring
 ☐ Fall
 ☐ Special
 ☐ Termination Report also complete Schedule 4
- ☐ July Continuing \_\_\_\_\_
 ☐ Pre-Election \_\_\_\_\_
- ☐ September Continuing \_\_\_\_\_

## SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
<b>1. RECEIPTS</b>		
1A. Contributions (Including Loans) from Individuals	\$ —	\$ —
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —
1C. Other Income and Commercial Loans	\$ —	\$ —
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ —	\$ —
<b>2. DISBURSEMENTS</b>		
2A. Gross Expenditures	\$ 25. <sup>00</sup>	\$ 25. <sup>00</sup>
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 25. <sup>00</sup>	\$ 25. <sup>00</sup>

## CASH SUMMARY

Cash Balance Beginning of Report	\$ 250. <sup>00</sup>
Total Receipts	\$ —
Subtotal	\$ 250. <sup>00</sup>
Total Disbursements	\$ 25. <sup>00</sup>
<b>CASH BALANCE END OF REPORT</b>	\$ 225. <sup>00</sup>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ —
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ —

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:
PATRICK W. MOYNIHAN, JR.	<i>Patrick Moynihan</i>	1/15/17
	Email: patrickmoynihanjr@gmail.com	Daytime Phone: 920-593-4411

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

**SCHEDULE 2-A****DISBURSEMENTS**  
Gross ExpendituresPage 1 of 1

Complete Committee Name

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
12/31/10	NICOLET NATIONAL BANK P.O. BOX 23900 GREEN BAY, WI 54305-3900 Check if: <input type="checkbox"/> In-Kind Offset	SERVICE CHARGES	25. <sup>00</sup>
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 25. <sup>00</sup>
TOTAL ITEMIZED EXPENDITURES			\$ 25. <sup>00</sup>
TOTAL UNITEMIZED EXPENDITURES			\$ —
TOTAL EXPENDITURES			\$ 25. <sup>00</sup>

**\*\*\*End of Report\*\*\***

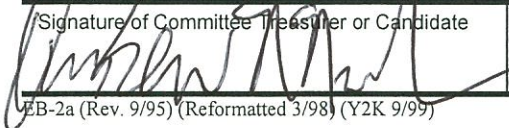
2 of 2



<b>Campaign Finance Report</b> Short Form EB-2a State Elections Board		
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special         Pre-Primary _____	<input checked="" type="checkbox"/> Continuing Report due Jan. 31, <u>2017</u>	
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special         Pre-Election _____	<input type="checkbox"/> Continuing Report due July 20, _____	

Name of Candidate or Committee (in full) Andy Nicholson  
 Address (number and street) 800 Venus Dr.  
Green Bay WI 54311  
 City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 17.06(9), Stats.

Signature of Committee Treasurer or Candidate	Date	Daytime Phone
	<u>1-26-17</u>	<u>465 3564</u>

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)



**SHORT FORM – Use For “No Activity” Reporting Period**

**\*\*\*End of Report\*\*\***

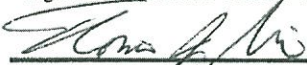


Campaign Finance Report Short Form ETHCF-2a		Ethics ID Number
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special	Pre-Primary _____	<input type="radio"/> Continuing Report due Jan. 15, <input checked="" type="checkbox"/>
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special	Pre-Election _____	<input type="radio"/> Continuing Report due July 15, _____
		<input type="radio"/> Continuing Report due 4 <sup>th</sup> Tues Sept., _____
<u>Citizens For William Peters</u>		
Name of Candidate or Committee (in full)		
<u>233 N. Ashland Ave.</u>		
Address		
<u>920-461-2847</u>		
Daytime Phone		
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.		
Signature of Committee Treasurer or Candidate	Date	Email Address
<u>[Signature]</u>	<u>1/13/2017</u>	<u>williamjosephjr@icloud.com</u>

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |  
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

Short Form for use  
"No Activity" Reporting

\*\*\*End of Report\*\*\*

<b>Campaign Finance Report</b> Short Form ETHCF-2a	Ethics ID Number		
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special    Pre-Primary _____ <input type="checkbox"/> Continuing Report due Jan. 15, <u>2017</u>			
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special    Pre-Election _____ <input type="checkbox"/> Continuing Report due July 15, _____			
<input type="checkbox"/> Continuing Report due 4 <sup>th</sup> Tues Sept., _____			
<u>Citizens for Sieber</u> Name of Candidate or Committee (in full)			
<u>4180 Maskers Lane    Green Bay, WI 54311</u> Address			
<u>920.680.6366</u> Daytime Phone			
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.			
Signature of Committee Treasurer or Candidate 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           Date  <u>1/15/17</u> </td> <td style="width: 50%;">           Email Address         </td> </tr> </table>	Date <u>1/15/17</u>	Email Address
Date <u>1/15/17</u>	Email Address		

ETHCF-2a | Rev 8/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |  
 Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

Short Form for use  
 "No Activity" Reporting

**\*\*\*End of Report\*\*\***







<b>Campaign Finance Report</b> Short Form ETHCF-2a	Ethics ID Number
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special    Pre-Primary _____ <input type="radio"/> Continuing Report due Jan. 15, <u>2017</u>	
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special    Pre-Election _____ <input type="radio"/> Continuing Report due July 15, _____	
<input type="radio"/> Continuing Report due 4 <sup>th</sup> Tues Sept., _____	
<u>Streckenbach for Brown County Executive</u> Name of Candidate or Committee (in full)	
<u>P.O. Box 22283</u> Address	
<u>920 288 2237</u> Daytime Phone	
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.	
Signature of Committee Treasurer or Candidate 	Date <u>1/10/17</u>
Email Address	

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |  
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

**Short Form for use  
“No Activity” Reporting**

**\*\*\*End of Report\*\*\***



<b>Campaign Finance Report</b> Short Form ETHCF-2a	Ethics ID Number
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☐ Spring ☐ Fall ☐ Special Pre-Primary \_\_\_\_\_ ☒ Continuing Report due Jan. 15, 2017

☐ Spring ☐ Fall ☐ Special Pre-Election \_\_\_\_\_ ☐ Continuing Report due July 15, \_\_\_\_\_

☐ Continuing Report due 4<sup>th</sup> Tues Sept., \_\_\_\_\_

Friends of VanderKeest

Name of Candidate or Committee (in full)

1422 Beech Tree Drive, Green Bay, WI 54304

Address

920-737-0999

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate <u>John VanderKeest</u>	Date <u>1-15-17</u>	Email Address <u>vanderkeey@hotmail.com</u>
--	------------------------	--

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |  
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

**Short Form for use  
"No Activity" Reporting**

**\*\*\*End of Report\*\*\***



# CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

## COMMITTEE IDENTIFICATION

Name of Committee

*Friends of Williquette Lindsay*

Street Address

*719 Fredrick Ct Apt. 6*

City, State and Zip Code

*Green Bay WI 54313*



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

## NAME OF REPORT

☒ January Continuing *2017*

☐ Pre-Primary \_\_\_\_\_

☐ July Continuing \_\_\_\_\_

☐ Spring

☐ Fall

☐ Special

☐ September Continuing \_\_\_\_\_

☐ Pre-Election \_\_\_\_\_

☐ Termination Report  
also complete Schedule 4

## SUMMARY OF RECEIPTS AND DISBURSEMENTS

### 1. RECEIPTS

Column A  
This Period

Column B  
Calendar  
Year-To-Date

1A. Contributions (Including Loans) from Individuals

\$ *400.00*

\$

1B. Contributions from Committees (Transfers-In)

\$ *0*

\$

1C. Other Income and Commercial Loans

\$ *.38*

\$

**TOTAL RECEIPTS** (Add totals from 1A, 1B and 1C)

\$ *400.38*

\$

### 2. DISBURSEMENTS

2A. Gross Expenditures

\$ *2907.80*

\$

2B. Contributions to Committees (Transfers-Out)

\$ *0*

\$

**TOTAL DISBURSEMENTS** (Add totals from 2A and 2B)

\$ *2907.80*

\$

## CASH SUMMARY

Cash Balance Beginning of Report

\$ *2802.72*

Total Receipts

\$ *400.38*

Subtotal

\$ *3203.10*

Total Disbursements

\$ *2907.80*

**CASH BALANCE END OF REPORT**

\$ *295.30*

**INCURRED OBLIGATIONS**

(Balance at the Close of This Period-3A)

\$ *0*

**LOANS** (Balance at the Close of This Period-3B)

\$ *349.72*

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

*Cathy Williquette Lindsay*

Signature of Candidate or Treasurer

*Cathy Williquette Lindsay*

Date: *1-10-2017*

Daytime Phone: *920-619-3069*

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.



**SCHEDULE 1-A**
**RECEIPTS**
**Contributions (Including Loans) From Individuals**

 Page 1 of 1

Complete Committee Name

Friends of Willionette Lindsay

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
10/25/16	SL Juno 616 Dauphin St Green Bay WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____		\$100	\$100
11/1/16	George M. Brisson 1389 Margaret St St. Paul MN 55106 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____	President Excel Binding	\$300	\$300
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 400.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 400.00

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ —

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 400.00

2 of 5

**SCHEDULE 1-C**

## RECEIPTS

### Other Income and Commercial Loans

Page 1 of 1

Complete Committee Name

Complete Committee Name  
Friends of Willianette Lindsay

Instructions for completing schedules are on the back of each schedule.

[illegible]

3 of 5

**SCHEDULE 2-A**
**DISBURSEMENTS**  
 Gross Expenditures

 Page 1 of 1

Complete Committee Name

Friends of Williquette Lindsay

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
10-26-16	WTAQ 1420 Bellevue St Green Bay WI 54311 Check if: <input type="checkbox"/> In-Kind Offset	Radio Ads	\$ 644.00
10-27-16	Y100 1420 Bellevue St Green Bay WI 54311 Check if: <input type="checkbox"/> In-Kind Offset	Radio Ads	\$ 680.00
10-27-16	W1XX 1420 Bellevue St Green Bay WI 54311 Check if: <input type="checkbox"/> In-Kind Offset	Radio Ads	\$ 750.00
11-11-16	Sara Frisquie 3980 Wright Circle De Pere WI 54115 Check if: <input type="checkbox"/> In-Kind Offset	Cake for Election Night Party	37.98
11-11-16	Michelle Gildernick 4173 Matuszak Ct Green Bay WI 54313 Check if: <input type="checkbox"/> In-Kind Offset	Balloons for Election Night Party	12.60
11-16-16	PMI Entertainment Group 1901 S. Overdahl St Green Bay WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	Election Night Party Expense	\$ 783.22
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 2907.80
TOTAL ITEMIZED EXPENDITURES	\$ 2907.80
TOTAL UNITEMIZED EXPENDITURES	\$ 0
TOTAL EXPENDITURES	\$ 2907.80

4 of 5



**SCHEDULE 3-B**

**Loans**  
**Individual, Committee or Commercial**  
**ADDITIONAL DISCLOSURE**

Page 1 of 1

Complete Committee Name

*Friends of Williamette Lindsay*

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
1/10/17	Cathy Williamette Lindsay 719 Fredrick Ct Apt. 6 Green Bay WI 54313		0	0	\$349.72

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$ 349.72

TOTAL OUTSTANDING LOANS

\$ 349.72

**\*\*\*End of Report\*\*\***

5 of 5